



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT FISHERS HOSPITAL

City of Hospital: Fishers

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Stacey Allen

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Medicare Provider Number: 105181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$37472576
Outpatient Patient Service Revenue	\$125106267
Total Gross Patient Service Revenue	\$162578843

2. Deductions From Revenue

Contractual Allowance	\$5049113
Other Deductions	\$2678316
Total Deductions	\$7727429

3. Total Operating Revenue

Net Patient Service Revenue	\$65285031
Other Operating Revenue	\$6102308
Total Operating Revenue	\$71387339

4. Operating Expenses

Salaries and Wages	\$15495218	Employee Benefits	\$3623166
Depreciation and Amortization	\$3153633	Interest Expense	\$0
Bad Debt	\$450705	Other Expenses	\$5144312
Total Operating Expenses	\$27867034		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$43520305	Total Assets	\$73864994
Net Non-operating Gains over Loss	\$-10636	Total Liabilities	\$10760214

Total Net Gains	\$43509669
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$36519908	\$29450067	\$7069841
Medicaid	\$23122647	\$20175073	\$2947574
Other Government	\$2451553	\$2180222	\$271331
Other State	\$0	\$0	\$0
Other Payers	\$100484734	\$45488449	\$54996285
Total	\$162578842	\$97293811	\$65285031

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$5050	\$-5050

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1512	\$-1512
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$14017	\$-14017

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	1585
Number of Citizens Exposed to Health Education Messages	3456

Statement Six: Charity Statement

Hospital Charity Charges	\$7695287
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$4139022	
Subtotal	\$0	\$4139022	\$-4139022
DSH Payments	\$0		
Subtotal	\$0	\$4139022	\$-4139022
Medicare Shortfalls	\$0	\$3155135	
Other Government Programs	\$0	\$0	
Total	\$0	\$7294157	\$-7294157

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$30078	\$-30078
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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